PRINTED: 9/26/2023 FORM APPROVED 2567-L

	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/GIDENTIFICATION NUMBER 39C0001364		A. BLDG: _	PLE CONSTRUCTION:	(X3) DATE SURVE COMPLETED: 01/31/2023	EY
ST. LUKE'	VIDER OR SUPPLIER: S ENDOSCOPY CENTER E NUMBER: 06711501		STREET ADDRESS, 20 COMMUN EASTON, PA	ITY DRIVE			
(X4) ID PREFIX TAG	MUST BE PRECEEDE	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY O FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	OULD BE	(X5) COMPLETE DATE
Q 00000	INITIAL COMMENT			Q 0000			
LABORATORY	DIRECTOR'S OR PROVIDER/SUPPLI	ER REPRESENTATIVE'S SIGN	ATURE		TITLE:	(X6) DATE:	

Any deficiency statement ending with an asterisk (*) denotes a deficiency which may be excused from correction providing it is determined that other safeguards provide sufficient protection to the patients. The findings stated above are disclosable whether or not a plan of correction is provided. The findings are disclosable within 14 days after such information is made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

This form is a printed electronic version of the CMS 2567L. It contains all the information found on the standard document in much the same form. This electronic form once printed and signed by the facility administrator and appropriately posted will satisfy the CMS requirement to post survey information found on the CMS 2567L.

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 39C0001364		(X2) MULTIPLE CONSTRUCTION: (X3) DATE SURVEY COMPLETED: A. BLDG:00 B. WING: 01/31/2023		ΞY	
	VIDER OR SUPPLIER: S ENDOSCOPY CENTER	- TWIN RIVERS	STREET ADDRESS, 20 COMMUNI EASTON, PA	TY DRIVE			
STATE LICENS	e number: 06711501						
(X4) ID PREFIX TAG	MUST BE PRECEEDE	SUMMARY STATEMENT OF DEFICIENCIES (EACH DI MUST BE PRECEEDED BY FULL REGULATORY (IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
Q 0000	Continued from page 1			Q 0000			
	This report is the result recertification survey of 26-27, 2023 and comple 2023, at St. Luke's End It was determined the fithe requirements of 42 Conditions for Coverage Centers. It was also determined with 42 CFR, Title 42, Coverage for Ambulate 416.51(c)(1)-(3)(i)-(x) Facility Staff.	onducted onsite on Janual oscopy Center-Twin acility was in complete. Title 42, Part ge for Ambulatory State of the facility was in complete. Part 416 - Conditionary Surgical Centers	ary 31, n Rivers. liance with 416 - urgical ompliance ns for at				

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	MENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION: (X3) DATE SUFFICIENCIES (COMPLETED: A. BLDG:00			(X3) DATE SURVE COMPLETED:	Y		
		39C0001364				01/31/2023	
	VIDER OR SUPPLIER: S ENDOSCOPY CENTER	- TWIN RIVERS	STREET ADDRESS, 20 COMMUN EASTON, PA	ITY DRIVE			
STATE LICENS	E NUMBER: 06711501		EASTON,TA	10043			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	CORRECTIVE ACTION SHO	C'S PLAN OF CORRECTION (EACH (X5) ECTIVE ACTION SHOULD BE COMPLETE EFERENCED TO THE APPROPRIATE DATE	
S 0000	This report is the result conducted onsite on Ja completed offsite on Ja Luke's Endoscopy Cen determined the facility the requirements of the Health's Rules and Reg Facilities, Annex A, Ti and F, Chapters 551-57	nuary 26-27, 2023, a nuary 31, 2023 at Ster-Twin Rivers. It was not in complian Pennsylvania Depa gulations for Ambula tle 28, Part IV, Subp	and St. was nce with artment of atory Care parts A	S 0000			
S 5100				S 5100			
LABORATORY I	DIRECTOR'S OR PROVIDER/SUPPLI	ER REPRESENTATIVE'S SIGN	ATURE		TITLE:	(X6) DATE:	
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State Form DUUN11 IF CONTINUATION SHEET Page 1 of 8

	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:		A. BLDG: _	(X3) DATE SUR COMPLETED:		(VEY	
ST. LUKE	VIDER OR SUPPLIER: 'S ENDOSCOPY CENTER SE NUMBER: 06711501	39C0001364 - TWIN RIVERS	STREET ADDRESS, 20 COMMUN EASTON, PA	, CITY, STATE, Z ITY DRIVE	IP CODE:	V-1-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-		
(X4) ID PREFIX TAG	MUST BE PRECEEDE	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY OF FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
S 5100	Continued from page 1 555.1 CHAPTER 555 - MI 555.1 Principle There shall be an organ accountable to the governin responsibility for the quality patients and for the ethical organization of its members and been granted clinical privile. This REGULATION is not	nized medical staff which bas body and which has of medical care providenduct and professional other practitioners who ges in the ASF.	ed to	S 5100	Twin Rivers Endoscopy Cencontracts with St Luke's Unit Health Network for credentialing/recredentialing services. At the time of acquato the Network (12/31/2020) different process was in place the current process (a provide credentialed for all hospital campuses/Ambulatory surge centers as a group and grandfathered to all campuses was subsequently agreed upon this was not in alignment with regulations. The timeframe rowas included during the prior process. Date of process revision pretoday's date, however, as of this process is in effect: - The credentialing verification is responsible to notify the Administrator/Patient Care Morth of the Providers/Allied Health professionals credentialing/re-credentialing month. - The Administrator is responsible to responsible to the Providers/Allied Health professionals credentialing/re-credentialing month.	versity guisition guisitio	Completion Date: 02/09/2023 Status: APPROVED Date: 02/13/2023	

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:			CIPLE CONSTRUCTION: (X3) DATE SURVE COMPLETED:		EY
		39C0001364			00.	01/31/2023	
ST. LUKE	VIDER OR SUPPLIER: 'S ENDOSCOPY CENTER SE NUMBER: 06711501	- TWIN RIVERS	STREET ADDRESS, 20 COMMUN EASTON, PA	ITY DRIVE			
(X4) ID PREFIX TAG	EFIX MUST BE PRECEEDED BY FULL REGULATORY O			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 5100	Continued from page 2			S 5100	note an expiration and contact credentialing verification off determine date of privilege requisition if the person is not credentialing verification off - The credentialing verification is responsible for making all documents available in the p - The Administrator is then responsible to assure docume complete and within date. - The Administrator is responsible for data gathering and calling Board Meeting. - The Twin Rivers Governing is responsible for reviewing approving or denying privile requests. - The Administrator is responsible for communicating the approand Board meeting date to the credentialing verification off - The credentialing verification off - The credentialing verification check the credentialing verification office portal to assure letters	of on the fice list. on office required ortal. ents are sible g a g Body data and ge sible ovals are fice. on office g to the maible to fication	

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:		A. BLDG:	PLE CONSTRUCTION: (X3) DATE SURVE COMPLETED: 00		ΣΥ
		39C0001364		B. WING: _		01/31/2023	
ST. LUKE'	VIDER OR SUPPLIER: S ENDOSCOPY CENTER SE NUMBER: 06711501	- TWIN RIVERS	STREET ADDRESS, 20 COMMUN EASTON, PA	ITY DRIVE			
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDE IDENTII		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
S 5100	Continued from page 3			S 5100			
					posted- this is completed at 1 (and 30 days) once the crede verification office is notified Board Meeting date.	ntialing	

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:		(X2) MULTI A. BLDG:	01/31/2023		ΞY
		39C0001364		B. WING:		01/31/2023	
ST. LUKE	VIDER OR SUPPLIER: PS ENDOSCOPY CENTER SE NUMBER: 06711501	- TWIN RIVERS	STREET ADDRESS, 20 COMMUN EASTON, PA	ITY DRIVE			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFIC MUST BE PRECEEDED BY FULL REGULATORY OR L IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		(X5) COMPLETE DATE
S 5100	Continued from page 4			S 5100			
	Based on review of fact (CF) and interview with determined the facility established policy for the physicians to the surgestion credential files reviewed. Findings include: Review on January 26, "Governing Body Bylate 230", dated December "RESPONSIBILITIES BOARD [sic] Appoint Staff. Assure that applit properly credentialed." Review on January 26, "Credentialing, Medicate December 31, 2020, recredentialing/re-credentialing/	h staff (EMP), it was failed to comply wishe reappointment of ry center for three or ed. (CF1, CF2, and Center and Rules & Regards and Rules & Regards and Rules & Regards and Rules & Regards and reappoint the deants to the medical and Staff- 226", dated evealed "All attailing processes are me of health system ary 26, 2023, for the ing Minutes which a	th its th its ut of six CF4). cument gulations- IING Medical staff are cument				

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	OF DEFICIENCIES AND RRECTION (POC)	(XI) PROVIDER/SUPPLIER/GIDENTIFICATION NUMBER		` ´	IPLE CONSTRUCTION:	(X3) DATE SURVE COMPLETED:	EY
		39C0001364		A. BLDG: _ B. WING: _	_00	01/31/2023	
ST. LUKE	VIDER OR SUPPLIER: 'S ENDOSCOPY CENTER SE NUMBER: 06711501	- TWIN RIVERS	STREET ADDRESS, 20 COMMUN EASTON, PA	ITY DRIVE			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DE MUST BE PRECEEDED BY FULL REGULATORY O IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 5100	Continued from page 5			S 5100			
	the time lapse between provided. Review on January 26, "The Governing Board Center informs you that privileges have been October 2, 2019 This respective revidence that CF1 was September 26, 2021 under Review on January 26, "the Governing Board Center informs you that privileges have been 2, 2019. This reappoin 26, 2019 through September 26, 2022. Review on January 26, "the Governing Board Center informs you that privileges have been 2, 2019. This reappoin 26, 2019 through September 2, 2022. Review on January 26, "the Governing Board"	2023, of CF1, reversion of Twin Rivers End at your application for approved dated eappointment is valued and the eappointment is valued at your application for approved dated a true to the eappointment is valid to Seember 26, 2021" It is the eappointment is valid to Seember 26, 2021" It is the eappointment is valid to Seember 26, 2021" It is the eappointment is valid to Seember 26, 2021" It is the eappointment is valid to Seember 26, 2021	aled doscopy or clinical did from 5, 2021 de 22. aled oscopy or clinical October ptember Further that CF2 21 until				

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	TEMENT OF DEFICIENCIES AND NOF CORRECTION (POC) (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION: (X3) DATE SURVEY COMPLETED: A. BLDG:00		EY				
		39C0001364				01/31/2023	
ST. LUKE'	VIDER OR SUPPLIER: S ENDOSCOPY CENTER E NUMBER: 06711501	- TWIN RIVERS	STREET ADDRESS, 20 COMMUN EASTON, PA	ITY DRIVE			
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S 5100	Center informs you that privileges have been 2019. This reappointment through May 20, 2021 no documented evidence recredentialed after May 2022. Interview on January 2 EMP1 confirmed the preappointment member 26, 2021. EMP1 confirmed documented evidence (between September 26, 2022. Further interview with practitioner in CF2 reappointment of the preappointment member 2022.	approved dated ent is valid to May 2" Further review to that CF4 was ay 20, 2021 until Jan 6, 2023 at 12:15 PM ractitioner in CF1 riship expired in Septemed there was no CF1 was recredential, 2021 through February EMP1 confirmed the ppointment member 16, 2021. EMP1 confirmed ed evidence CF2 was September 26, 202	May 29, 20, 2019 revealed muary 31, I with tember led mary 28, e ship firmed as	S 5100			
	Further interview with	EMP1 confirmed th	e				

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	OF DEFICIENCIES AND RRECTION (POC)	(XI) PROVIDER/SUPPLIER/CIDENTIFICATION NUMBER 39C0001364		A. BLDG: _	IPLE CONSTRUCTION: 00	(X3) DATE SURVI COMPLETED: 01/31/2023	ΞY
NAME OF PROVIDER OR SUPPLIER: ST. LUKE'S ENDOSCOPY CENTER - TWIN RIVERS STATE LICENSE NUMBER: 06711501		STREET ADDRESS, 20 COMMUN EASTON, PA	ITY DRIVI				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIEN MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 5100	practitioner in CF4 rea expired in May 20, 202 was no documented ev recredentialed between January 31, 2022.	21. EMP1 confirmed idence CF2 was	l there	S 5100			

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Certified End Page

ST. LUKE'S ENDOSCOPY CENTER - TWIN RIVERS

STATE LICENSE NUMBER: 06711501 SURVEY EXIT DATE: 01/31/2023

I Certify This Document to be a True and Correct Statement of Deficiencies and Approved Facility Plan of Correction for the Above-Identified Facility Survey

Jeane Parisi

Deputy Secretary for Quality Assurance

fearre Janie

Debra L. Bogu MD

Debra L. Bogen, MD, FAAP Acting Secretary of Health



THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY